

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

10/1677900

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1		1			
2	1		1			
3	1		1			
4	1		1			
5		1		1		
6		1		1		
7		1		1		
8		1		1		
9		8		8		
10	1		1			
11	1		1			
12	1		1			
13		3		3		
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TOTAL IND.	7		7			
TOTAL DEP.	18		18			
TOTAL CLAIMS	25		25			

	IND	DEP	IND	DEP	IND	DEP
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